

Substitute for form 1449/PTO		Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT		Application Number	10/815,119
		Filing Date	03/31/2004
		First Named Inventor	Tian Wen
(Use as many sheets as necessary)		Art Unit	1617
		Examiner Name	Fubara, Blessing M.
Sheet 1 of 1		Attorney Docket Number	20335-00186

NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T2
/BF/	"peripheral vascular disease" in <i>Online Medical Dictionary</i> at //cancerweb.ncl.ac.uk/cgi-bin/omd?query=peripheral+vascular+disease. 1997-2007.	<input type="checkbox"/>	
/BF/	"Peripheral Arterial Disease" in <i>Merck Manual of Medical Information—Second Home Edition Online Edition</i> .at www.merck.com/mmpe/sec07/ch080/ch080f. 2004-2008.	<input type="checkbox"/>	
/BF/	"Raynaud's Phenomenon" in <i>Merck Manual of Medical Information—Second Home Edition Online Edition</i> .at www.merck.com/mmpe/sec07/ch080/ch080g. 2004-2008.	<input type="checkbox"/>	
/BF/	"Acrocyanosis" in <i>Merck Manual of Medical Information—Second Home Edition Online Edition</i> .at www.merck.com/mmpe/sec07/ch080b. 2004-2008.	<input type="checkbox"/>	
/BF/	"vasospasm" in <i>Online Medical Dictionary</i> at //cancerweb.ncl.ac.uk/cgi-bin/omd?query=vasospasm. 1997-2007.	<input type="checkbox"/>	
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Examiner Signature	/Blessing Fubara/	Date Considered	07/22/2008

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